

Original communication

Prevalence of mental health problems and deliberate self-harm in complainants of sexual violence

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Abstract

The Haven Whitechapel, a sexual assault referral centre, provides a forensic service and after care to victims of serious sexual violence across North East London.

Survivors of sexual assault display psychological sequelae including elevated rates of suicide ideation/attempts.

Prevalence of mental health problems of 121 forensic cases seen between June and August 2004 was established. Of female clients aged over 13 years 8% had learning difficulties, 21% gave a past history of deliberate self-harm (DSH) and 20% psychiatric history. We formally assessed levels of safety and vulnerability prior to clients leaving the Haven. When mental health problems were identified additional screening questions were asked, followed by a flow chart outlining appropriate care pathways. Such practice was carried out over 6 months (September 2004 to February 2005). Of the 240 clients, 8% reported learning difficulties, 26% DSH and 21% psychiatric history. 4% of clients required urgent follow-up and 3% immediate referral to a psychiatric liaison team.

There is a high background prevalence of mental health problems and DSH in our study population. Vulnerable people are at increased risk following sexual violence. Risk needs to be recognised and addressed. These findings have implications for the expansion of the SARC network.

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1. Introduction

The Haven aims to provide an efficient and sensitive service to all victims of acute rape and serious sexual assault across London in partnership with police and health. Clients are provided with informed choices about reporting to police/other agencies and their ongoing health care/support needs.

The Haven Whitechapel offers forensic examination, emergency contraception and prophylaxis, management

of sexually transmitted infection's, psychological care and specialist follow up clinics to the 10 boroughs of North East London.

During the forensic medical examination clients are routinely questioned about learning disabilities, deliberate self-harm (DSH) and psychiatric history. The Sexual Offences Examiner uses their professional judgement to assess whether the complainant is safe to leave the Haven. There is no standardised, accepted guidance for assessing risk management options, used at a local or national level.

Professional bodies have addressed the issues of identifying risk following DSH and managing DSH.^{1–4} Particular emphasis has been placed on identifying factors associated with suicidal behaviour, determining motiva-

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tion for the act, identifying potentially treatable mental disorders, assessing continuing risk of suicidal behaviour and developing an appropriate aftercare strategy. No reference has been made in any of the above to sexual assault.

A link between traumatic experience and psychological distress has been well documented.

Kilpatrick (1985) reported elevated rates of suicide ideation (44%)/attempts (19%) among survivors of sexual assault.⁵ The author noted that a third of females reporting rape develop long-term psychological and social problems.⁶

2. Materials and methods

As part of a forensic process, consent is obtained after the client is made aware of the potential for disclosure of information given. All clients having a forensic examination at the Haven are routinely asked whether they have a past or current history of 'learning difficulties', 'DSH' or a 'psychiatric history'. This history is self-identified and in line with current proforma used by the Haven and the Association of Forensic Physicians.

A retrospective forensic case note review of female clients over 13 years (our largest client group) was carried out to establish mental health history between June and August 2004. A screening process was developed and its use implemented over the following six month period (September 2004–February 2005). As part of this process questions were asked in relation to psychiatric history (history of anxiety, depression and contact with mental health services, for example), self-harm history (number of incidents and methods used, for example) current suicidal ideation and a mini mental assessment. This new form of history taking offered a more structured approach to exploring DSH and psychiatric history. A care pathway was then implemented using a flow chart to determine if the client should be given; a non-urgent follow up at the Haven, an urgent follow-up appointment (within 3 days), or if considered 'not safe' be seen immediately in Accident & Emergency by the psychiatric liaison team. The aim of the screening therefore was to help assess risk, predict outcome and devise an appropriate management plan, to maximise patient safety. A retrospective forensic case note review of the latter six months was then carried out to establish mental health history of females over 13 years.

3. Findings and discussion

3.1. Background data

Between the months of June 2004 and February 2005 (9 month period) a total of 361 forensic examinations (females 14–75 years of age) were carried out. The majority of our clients, 24% (total 109) were aged 18–24 years. Overall, age range displayed a gaussian distribution about the mean (18–24 years of age).

A total of 52% of clients were sexually assaulted by a stranger, 26% by an acquaintance, 9% by a partner, 8% by an ex-partner, 4% by a family member and 1% not known.

13% (48 clients) gave a history of 'Domestic Violence' having taken place either prior to, or during the assault.

Where documented, the location where the majority of sexual assaults took place was the victim's home (26%). 18% took place in the assailant's home and 7% outdoors.

3.2. Background prevalence

Our forensic proforma identified; 8% (29/361) learning difficulties, 24% (88/361) DSH and 21% (75/361) psychiatric history over the 9 month period.

Background prevalence of psychiatric and DSH history over the first 3 months was 8% (10/121) learning difficulties, 21% (25/121) DSH and 20% (24/121) psychiatric history.

Over the following 6 months (whilst using the screening tool), 8% (19/240) reported learning difficulties, 26% (63/240) DSH and 21% (51/240) psychiatric history. Our enhanced screening process then identified the need for 4% of clients to have an urgent follow-up (to be seen within 3 days at the Haven) and 3% an immediate referral to the psychiatric liaison team in the Accident & Emergency department.

3.3. Age and mental health history

13–15 year olds (total 41) reported the highest incidence of learning difficulties (20%), DSH (25%) and psychiatric history (23%) of all ages. Less than 5% of 45–54 year olds (total 16 clients) gave a mental health history. Of our largest client group, 18–24 year olds (total 109 clients), the majority of those giving a mental health history (13%), reported DSH. Regardless of age, one is more likely to report DSH than either learning difficulties or psychiatric history.

3.4. Ethnicity and mental health history

The majority of clients attending the Haven for a forensic examination identified their ethnicity. Our clients were from a mixed ethnic background, (total 14).

The largest group 40% (total 144) were of 'White English' ethnic origin. 67% of these gave a mental health history. 11% (total 16) gave a history of learning difficulties, 30% (total 43) a history of DSH and 26% (total 38) a psychiatric history.

At the Haven we carried out a forensic examination on 14 Asian women over the 9 month study period. All reported a mental health history and half gave a history of self-harm. Of those Asian females reporting sexual violence to the Haven it is difficult to know how representative they are of the heterogeneous Asian population as a whole.

Of clients seen at the Haven, women of Black African and Black Caribbean origin formed the third and fourth largest groups, respectively. Of the former, 17% (total 3) gave a history of DSH and 18% (total 3) psychiatric history. Of the latter, 14% (total 4) gave a history of learning difficulties, 24% (total 7) DSH and 24% (total 7) psychiatric history.

4. Summary and conclusion

The aim of this audit was to establish the background prevalence of mental health problems and DSH in complainants of sexual violence. We found a prevalence considerably higher than the 5% prevalence (total 193) found by the Home Office when comparing three dedicated UK sexual assault services with non-specialised provisions of care⁷ (see Figs. 1–3).

We have illustrated the vulnerability of the female clients over 13 years seen at the Haven for a forensic examination.

Structured assessment of mental health history and mini mental state examination at presentation and implementation of care pathways were useful to assess risk and safety. This has implications for staff training and raising awareness in SARCS.

‘A Screening Tool for Assessing Risk of Acute Suicide and Serious Self-harm following Sexual Assault.’ Campbell L, Keegan A, Cybulska B, Forster G.

This work has previously been presented at: World Police Medical Officers 7th International Conference on Clinical Forensic Medicine & the Association of Police Surgeons Annual Conference, Scotland. May 2005.

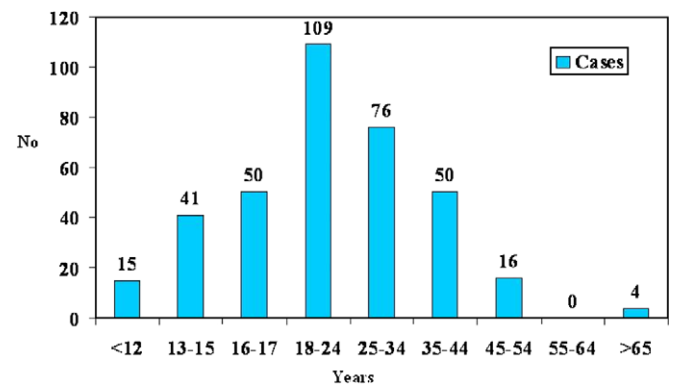


Fig. 1. Age range of clients having a forensic examination [June 2004–February 2005].

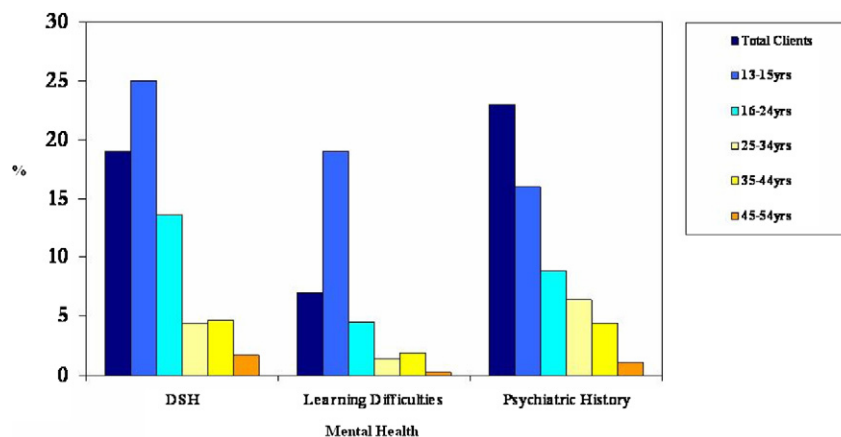


Fig. 2. Age and mental health history of clients having a forensic examination [June 2004–February 2005].

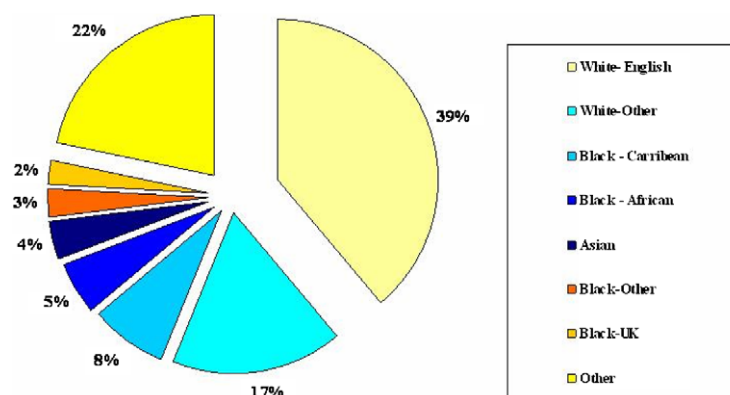


Fig. 3. Ethnicity of clients having a forensic examination [June 2004–February 2005].

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